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Racism without racists and consequentialist life-maximizing approaches to triaging

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Abstract

Consequentialist life-maximizing approaches to triaging prescribe that everyone ought to have an equal chance of living a typical lifespan, through the saving more life-years (or saving most lives) principle, which emphasizes the youngest-first principle and in some cases a lottery approach, often at the expense of the old and the sick. Although this approach has already been criticized by several bioethicists, this article provides a different kind of criticism to the life-cycle viewpoint, one that has not yet been explored at length; namely, we contend that the life-maximizing approach entails a form of racism without racists in its attitude towards Black people. More specifically, we contend that by neglecting the idea that current societies are not post-racial, it privileges White individuals and disadvantages Black people in the triaging process, curtails equal opportunities for Black people, reinforces white normativity, and neglects African culture. We end the article by pointing towards an Afro-communitarian relational triaging approach that does not face the same difficulties as consequentialist life-maximizing approaches do.

KEYWORDS

anti-Black racism, egalitarianism, life-cycle approaches, racism without racists, relational approach to triaging, triaging, utilitarianism

1 | INTRODUCTION

Human needs routinely outstrip the available resources. As a result, the rationing of goods, including medical resources, is inevitable. The main public health prioritization and rationing approaches are heavily influenced by utilitarianism and egalitarianism. Some of these approaches include complete-lives egalitarianism and natural lifespan theory. Both are famously described as life-cycle approaches to prioritization.[1] The life-cycle approach prescribes an approach whereby everyone is given an equal opportunity to live a typical human lifespan.[2] These approaches offer criteria for triage and are often used in medical settings.[3] Indeed, during the COVID-19 health crisis, clinicians in the United States, Italy, Sweden and Spain have all had to prioritize access to limited medical resources using life-based utilitarian and egalitarian cutoffs.[4] The theory emphasizes saving more life-years than fewer. Life-cycle approaches operationalize this principle by emphasizing the youngest-first principle (asking if the

[1]White, D. B., Katz, M. H., Luce, J. M., & Lo, B. (2009). Who should receive life support during a public health emergency? Using ethical principles to improve allocation decisions. *Annals of Internal Medicine*, *150*(2), 132–138. https://doi.org/10.7326/0003-4819-150-2-200901200-00011

[2]Persad, G., Wertheimer, A., & Emanuel, E. J. (2009). Principles for allocation of scarce medical interventions. *Lancet*, *373*(9661), 423–431. https://doi.org/10.1016/S0140-6736(09)60137-9

[3]Powell, T., Christ, K. C., & Birkhead, G. S. (2008). Allocation of ventilators in a public health disaster. *Disaster Medicine and Public Health Preparedness*, *2*(1), 20–26. https://doi.org/10.1097/DMP.0b013e3181620794

[4]Popescu, D., & Marcoci, A. (2020, June 10). Coronavirus: Allocating ICU beds and ventilators based on age is discriminatory. *The Conversation*.

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patient is sick enough to require aid, but not too sick as not to benefit from it), on the basis that they may thereby enjoy more life-years or life-cycles than an older person who is otherwise similarly situated. In short, this view, which is routinely used in the clinical context, upholds the principle of saving more life-years or life-quality years.[5]

The reader should note that while life-cycle approaches are consequentialist theories, consequentialist theories need not be life-cycle approaches to prioritizing younger over older individuals. In contrast to life-cycle approaches, many other consequentialist theories and triage protocols emphasize saving as many lives as possible in the short term, regardless of long-term life expectancy. To operationalize the principle to save as many lives as possible in the short term, regardless of long-term life expectancy, some consequentialist theories prioritize the healthier patient, often at the expense of the old and the sick. This principle becomes more evident in certain clinical circumstances, as is the case in Kidney transplant, where younger patients are more likely to survive even in the short term than older patients, who are more likely to die and receive no benefit at all from a kidney transplant. This project focuses on life-cycle approaches and other consequentialist life-maximizing policies that prioritize the young to receive life-saving resources on the grounds that the young are more likely to receive at least some benefit from those resources. We refer to these as consequentialist life-maximizing viewpoints.

Although many bioethicists and health professionals find this approach convincing, it has sometimes been criticized for being ageist and stigmatizing the elderly.[6] In this article, we raise a different kind of criticism to the consequentialist life-maximizing viewpoints, one that has not yet been explored at length. Namely, we contend that consequentialist life-maximizing viewpoints entail *racism without racists*; that is, an understanding of racism that classifies it as the (intentional or not) promotion of hierarchies based on perceived race.[7] Although many of the forms of racism we identify may be applicable to different racialized groups, we focus on racism towards Black people in our argument. This is not only to maintain flow in the argument but also because racism is a complex phenomenon that sometimes manifests itself differently according to which group it targets. More precisely, we hold that racism without racists against Black people is present within consequentialist life-maximizing viewpoints in three ways. It exists owing to pre-existing inequalities, with consequentialist life-maximizing viewpoints tending to benefit White over Black individuals in the triage process and, thereby, to perpetuate racial hierarchies; second, consequentialist life-maximizing viewpoints curtail rather than promote equal opportunities for Black people, and promote normative whiteness; finally, they also neglect the fact that elders are the moral compass of many African cultures and that consequentialist life-maximizing viewpoints not only tend to favor a White perspective on age, but also, if applied to an African context, would contribute to the erosion of many institutions in Africa.

To carry out this argument, we have divided our article into four parts. Section 2 outlines the moral justifications for consequentialist life-maximizing viewpoints. Section 3 explains how consequentialist life-maximizing viewpoints entail racism without racists. In Section 4 we respond to some possible objections that advocates of consequentialist life-maximizing viewpoints could raise against our view. Finally, in Section 5 we present a sketch of an Afro-communitarian relational theory that does not face the problem of racism without racists.

2 | MORAL JUSTIFICATIONS FOR LIFE-MAXIMIZING VIEWPOINTS

There are various ways in which bioethicists have justified endorsing consequentialist life-maximizing viewpoints. One line of argument in favor of consequentialist life-maximizing viewpoints on rationing is that they maximize survival for patients and the overall net utility of limited medical goods. In this way, advocates defend these approaches to triaging as a better alternative to the approach of rationing scarce resources. For example, consequentialist life maximizing scholars emphasize fairness solely according to duration on a waiting list, such that patients who have been waiting for longer have a higher priority and right to receive limited resources than those who have not.[8] Rationing based solely on waiting times could mean, for example, that a 70-year-old man with widespread vascular disease could be given priority when deciding who should receive the only available kidney, because he has been on the waiting list longer than a 30-year-old man with no other existing conditions or co-morbidities. This would be the case even when studies show that "older kidney transplant recipients are more likely to die while their transplanted kidneys still function."[9]

Life-cycle approaches are commonly advocated in the field of transplantation. Advocates believe that the health maximization and survival of patients should also matter in the rationing of limited medical goods and services, so as to prevent wastage. Life-cycle approaches ensure, through the saving more life-years principle, that vital but scare resources are not wasted. Older age is often considered a good indicator of relative survival benefit because it increases the probability of developing diseases.[10] Fairness according to waiting time does not seek to maximize survival for patients, it leads to a wastage of valuable organs, and it is more likely to foster

[5]Callahan, D. (2012). Must we ration health care for the elderly? *Journal of Law, Medicine & Ethics*, *40*(1), 10–6. https://doi.org/10.1111/j.1748-720X.2012.00640.x; Savulescu, J., Cameron, J., & Wilkinson, D. (2020). Equality or utility? Ethics and law of rationing ventilators. *British Journal of Anaesthesia*, *125*(1), 10–15. https://doi.org/10.1016/j.bja.2020.04.011

[6]Singh, J. A., & Moodley, K. (2020). Critical care triaging in the shadow of COVID-19: Ethics considerations. *South African Medical Journal*, *110*(5), 355–359.

[7]Bonilla-Silva, E. (2017). *Racism without racists: Color-blind racism and the persistence of racial inequality in America*. Maryland: Rowman & Littlefield Publishers.

[8]Reese, P. P., Caplan, A. L., Bloom, R. D., Abt, P. L., & Karlawish, J. H. (2010). How should we use age to ration health care? Lessons from the case of kidney transplantation. *Journal of the American Geriatrics Society*, *58*(10), 1980–1986. https://doi.org/10.1111/j.1532-5415.2010.03031.x

[9]Ibid: 1981.

[10]Ibid: 1981.

mortality and morbidity amongst wait-listed patients. Life-cycle approaches, in contrast, ensure the overall net utility of the limited medical good. Moreover, compliance with rationing decisions requires trust. Indeed, it is important that the public can trust healthcare rationing decisions. Saving more life-years is simple, likely to be accepted by the public, and cannot be easily used to serve the interests of powerful groups.[11]

A different line of argument in favor of consequentialist life-maximizing viewpoints to rationing is that saving most lives or saving more life-years by prioritizing younger over older individuals gives, in principle, individuals an equal opportunity to experience typical human life stages, and reasonably balances the aggregate benefits and burdens across one's whole lifespan. Distributive justice requires the distribution of goods in ways that maximize the number of full lives that can unfold. Specifically, "institutions should promote equality of opportunity. Older persons will have had many more opportunities in their life than persons who die at young age. Therefore when we can save some but not all, it is fair to save younger persons, who would be worse off if they died at their age, than the elderly."[12] John Harris [13] also adds that every reasonable patient desires the following from his or her healthcare: "(i) the maximum possible life expectancy for him or her, (ii) the best quality of life for him or her, and (iii) the best opportunity or chance for him or her of getting both (i) and (ii)." Rationing based on the life-maximizing principle, when we cannot save all, offers a more plausible means of meeting these wishes.

Moreover, as proponents point out, rationing based on life-years lived or age, is, in fact, affirmative of old age, and thus should be followed. The disadvantages imposed by old age are counterbalanced by the advantages of earlier years.[14] The young who are prioritized today will surrender this priority in old age. Over time, everyone experiences the same fate, thereby maximizing the opportunity for everyone to experience the various life stages. Ruth Tallmann[15] offers two core features of a complete life: "it is one in which a person has carried her goals and projects to fruition, and b) it is one that lasts long enough for its owner to have the opportunity for the range of experiences normal for a human being."[16] One may consider the example of hotel guests who overstay their time at a hotel and are promptly asked to quit the property for arriving guests; or individuals who overstay their time at a bar and are promptly asked to leave having had their fill, thus allowing room for new customers.

The view that life-maximizing viewpoints (by way of the youngest-first principle) reasonably balance the benefits and burdens across one's life has also been endorsed by complete-lives egalitarians, such as Ruth Tallman, Govind Persad, Alan Wertheimer and Ezekiel Emmanuel.[17] Complete-lives egalitarians combine the full-life principle with other principles, such as that of a lottery, in cases where individuals are roughly equal. The basis of the complete-lives system, as Tallman shows, is the object of value (that is, the opportunity to enjoy *a complete life*), which the limited or scarce good will be used to save. A complete life is more valuable than an episode in one's life because it affords the opportunity to set and execute a lifetime goal. Proponents also add that the value of a complete life comes from the individual who possesses that life. The "possessor must have a sufficient level of cognizance and self-awareness to appreciate that value, and to suffer at the prospect of its loss."[18] Additionally, the death of one in the midst of lifegoals is also morally worse than the death of an older person, who has had the opportunity to pursue their life projects such as raising children and coming to the end of a career, and on whom others are no longer dependent for the continuation of their own life.

Another defense of life-maximizing approaches to triaging is that they are equally respectful of the young and old since they subject individuals to the same old-age-based rule. One example of a view that emphasizes this point is the natural lifespan approach, of which the main proponent is Daniel Callahan.[19] A natural lifespan is one in which that life's goals have, on balance, been accomplished. Death at this point may be a sad event, but it is acceptable. Our primary duty, Callahan contends,[20] is to assist one another in achieving a natural lifespan, which he believes is somewhere after the mid-seventies. It is not about extending old age, but asking whether or not we can make old age a decent period of life by relieving the level of suffering that is potentially involved. The necessary goods for fulfilling this duty are not unlimited. Moreover, the cost of medical innovations and healthcare is increasingly becoming high and unaffordable.[21] This implies that a reasonable limit ought to be set on the demands one can make on limited medical goods. This may entail excluding the elderly from publicly funded life-saving and costly care beyond their natural lifespan. Healthcare should be rationed based on what is required to achieve the natural lifespan and capacity to meet these requirements. Such rationing decisions should be underpinned by policies that are set by a democratic process to prevent discrepancies in practice, applied transparently and equally to all, and open to appeal.[22] Alan Williams defends a more nuanced form of natural lifespan argument called "a fair innings," and contends that someone has had a fair share of life if they have lived long enough to reach old age.[23] Additional years in old age are only a bonus, and not a right. Death is bad only because of its timing.

[11]Persad et al., op. cit. note 2, pp. 423–431.

[12]Verweij, M. (2009). Moral principles for allocating scarce medical resources in an influenza pandemic. *Journal of Bioethical Inquiry*, *6*(2), 159–169. https://doi.org/10.1007/s11673-009-9161-6.

[13]Harris, J. (1996). What is the good of health care? *Bioethics*, *10*(4), 269–291. https://doi.org/10.1111/j.1467-8519.1996.tb00129.x

[14]Reese et al., op. cit. note 8, p. 5.

[15]Tallman, R. (2014). Valuing lives and allocating resources: A defense of the modified youngest first principle of scarce resource distribution. *Bioethics*, *28*(5), 207–213. https://doi.org/10.1111/j.1467-8519.2012.01994.x

[16]Ibid: 208.

[17]Persad et al., op. cit. note 2.

[18]Tallman et al., op. cit. note 15, p. 210.

[19]Callahan, D. (1987). *Setting limits: Medical goals in an aging society*. Simon and Schuster; Callahan, op. cit. note 5.

[20]Ibid.

[21]Mathur, P., & Srivastava, S. (2016). High cost of healthcare in the United States – A manifestation of corporate greed. *Journal of Forensic Medicine*, *1*, 1–4. https://doi.org/10.4172/2472-1026.1000103.

[22]Callahan, op. cit. note 19.

[23]Williams, A. (1997). Intergenerational equity: An exploration of the "fair innings" argument. *Health Economics*, *6*(2), 117–132. https://doi.org/10.1002/(sici)1099-1050(199703)6:2%3C117::aid-hec256%3E3.0.co;2-b

3 | NEO-RACISM AND LIFE-MAXIMIZING APPROACHES

Before explaining how life-maximizing approaches involve some racist implications, it is important to clarify the term "racism." Racism scholars dispute the time at which racism emerged and its meaning. Some scholars uphold that racism only started existing and is only possible if there is *an underlying conception of race* that fuels a feeling of difference that then reverberates into unfair racial hierarchies. For such scholars, racism is usually associated with the Enlightenment and its pseudo-scientific theories of race. Nevertheless, this approach to racism has been widely contested, and various scholars consider that it neglects how racist dynamics change over time.[24] Racism is a form of discrimination that throughout history has taken many forms, adapting to the discourses that can further racial hierarchies in the best ways. Particularly after World War II, the discourses on racism significantly changed to become increasingly subtle. This is because with the Nazi racist project, the identity of the Global North was construed mainly in opposition to the Nazis. Since the end of World War II, Nazism has come to represent a negative mirror in which the Global North can be positively reflected; that is, Nazism and its racism has become the symbol of what is morally wrong, while all that the Global North represents is a contrast with that.[25] As a result, discourses involving racism have become less morally acceptable: indeed, the colonial discourses that were routinely based on racial hierarchies have now nearly disappeared, or at least have fallen out of mainstream use.[26]

Nevertheless, racist dynamics and structures have not disappeared; rather, they have adapted and transformed in ways that have become more acceptable, and more subtle. Today, the dynamics of racism *tends* to be one that Eduardo Bonilla-Silva has classified as *racism without racists*.[27] Racism without racists has at least three important characteristics. First, it understands racism as the form of structures and social interactions that perpetuate hierarchies based on perceived race. Second, as a corollary of the first point, it does not attribute racist beliefs to those who defend or commit racist acts, theories and so forth. Racism is not necessarily conscious, as a person may, in fact, be under the impression that he is not engaging in racism. Racism is not about beliefs but about the perpetuation of racial hierarchies, which may be propagated (un)intentionally or (un)consciously.[28] Third, given that contemporary societies tend to perceive themselves as post-racial, racist discourses are subtle and implied, rather than explicit. In fact, the terminology of race has mostly disappeared, being substituted by other conceptual frameworks that maintain hierarchies according to perceived race.[29]

The kind of racist dynamics about which we will argue, and which is present in life-maximizing approaches, is precisely an instance of racism without racists. We do not contend that the advocates of such a view are racists or that they intentionally wish to propagate racial hierarchies. Instead, what we contend is that they may have *not anticipated* that their views, when confronted with a non-ideal world where *racial hierarchies still exist*, provide a moral framework for propagating racist hierarchies.

The argument that one needs to maximize survival or the overall net utility of a scarce good and, therefore, prioritize the healthy and the young, favors specific racial groups over others. In particular, it does so because, as a tendency, White individuals have more economic resources, which, in turn, allow them to maintain a healthier lifestyle. African Americans and Africans tend to suffer from higher rates of cardiovascular disease, respiratory disease, diabetes, cancer and tropical disease.[30] Another example of pre-existing inequalities manifests in how African Americans have been disproportionately impacted by COVID-19, likely as a result of underlying conditions. Studies show that the hospitalization rate for Blacks in the United States is about 4.7 times higher than that for Whites. Hence, African Americans tend to be the sickest, and endure a higher disease burden.[31] This is related to a variety of factors linked to structural racism, most particularly poverty and social exclusion. Africans and African Americans tend to live in suburbs where garbage dumps and industrial and animal factories are located, and their exposure to toxic waste makes it more likely that they will contract such diseases.[32] Likewise, because Africans and African Americans tend to be poorer and to live in poor suburban environments, they have less access to medical support and a limited choice of grocery shops where they can buy food. For example, people living in poor suburbs in the United States routinely have access only to fast food chains.[33] Likewise, Black individuals in many places in Africa have access to a limited variety of food and live in food deserts, consequently having to purchase low-quality food products that damage their health.[34] There is, in short, less access to essential goods for Black people, and this lack of access damages individuals' health. The implication for life-cycle approaches is that because of the racist social reality that disadvantages Black people, prioritization based on net utility and survival roughly entails discriminating against Black people and, in fact, privileging Whites. White individuals are most likely to be in the "healthy" category; that is, they are more likely to have none of the comorbidities suffered by Black people (and, indeed, by other racialized groups) due to health,

[24]Bonilla-Silva, op. cit. note 7; Goldberg, D. T. (2015). *Are we all postracial yet*. USA: Polity Press.

[25]Olivier, A., & Cordeiro-Rodrigues, L. (2017). Racism, speciesism and suffering. In L. Cordeiro-Rodrigues & L. Mitchell (Eds.), *Animals, race, and multiculturalism* (pp. 147–174). London: Springer International Publishing.

[26]Bonilla-Silva, op. cit. note 7.

[27]Ibid.

[28]King, J. E. (1991). Dysconscious racism: Ideology, identity, and the miseducation of teachers. *Journal of Negro Education, 60*(2), 133–146. https://doi.org/10.2307/2295605.

[29]Bonilla-Silva, op. cit. note 7; Goldberg, op. cit. note 24.

[30]Mbewu, A., & Mbanya, J. (2006). Cardiovascular disease. In D. T. Jamison, R. G. Feachem, M. W. Makgoba, E. R. Bos, F. K. Baingana, K. J. Hofman & K. O. Rogo (Eds.), *Disease and mortality in sub-Saharan Africa* (pp. 305–329). Washington (DC): The International Bank for Reconstruction and Development/The World Bank.

[31]Marshall, W. F. (2020, August 13). Coronavirus infection by race: What's behind the health disparities? Retrieved from https://www.mayoclinic.org/diseases-conditions/coronavirus/expert-answers/coronavirus-infection-by-race/faq-20488802

[32]Pellow, D. N. (2000). Environmental inequality formation: Toward a theory of environmental injustice. *American Behavioral Scientist*, *43*(4), 581–601. https://doi.org/10.1177/0002764200043004004

[33]Food Empowerment Project. (2021). *Food Empowerment Project*. Retrieved from https://foodispower.org/. Accessed Mar 4, 2021.

[34]Cordeiro-Rodrigues, L. (2020). The racialization of animal advocacy in South Africa. *Ethnicities*, *21*(4), 783–804. https://doi.org/10.1177/1468796820946762

economic and environmental inequalities. Hence, the argument of maximization has a racist implication when it is confronted with a non-ideal racist social reality. Indeed, it perpetuates racial hierarchies to the extent that it reinforces the already existing inequalities between Black and White people.

This, in turn, undermines the other argument in favor of the view that the most powerful groups are not unfairly advantaged by life-maximizing approaches. Given that White individuals have a health advantage, the theory is, in fact, reinforcing White privilege, since the healthier individuals tend to be White. It equally does not seem to have the advantage of being more accepted by the public. Perhaps if the population was White this would be the case. But the acceptance of this norm by Whites does not imply "acceptance by the public."

Another objection is that it is not the case that life-maximizing approaches promote equal opportunities or an equal possibility to enjoy a fair share of life. The idea that a lifespan approach allows these is powered by a white normative assumption; by white normativity, we mean the universalization, normalization and reification of socio-economic and cultural practices, meanings and beliefs of those individuals perceived as "White." Normative whiteness occurs when these become the standard/model, and other experiences are made invisible and less relevant.[35] One assumption is that white normativity presumes that individuals from different ethnic groups have had the same opportunity throughout their lives to experience life in the same way. One line of objection is that there is a stronger duty to save individuals who have not had even the opportunity of developing a life plan. They ought to be given that chance, in the belief that it is impermissible to weed out those who have not yet had any significant life at all. Nevertheless, the truth is that because of recent history, many Black people have actually not had the opportunity to enjoy their lives like White individuals did when they were younger.[36] In particular, given that until recently racist societies that sustained institutions such as Jim Crow, Apartheid, and colonialism significantly curtailed opportunities for Black people to enjoy their lives, it is not really the case that an approach based on age gives equal opportunities to everyone. Moreover, note that research suggests that, even today, it is more likely that a young Black person will be imprisoned for small misdemeanors while a young White person will not. In other words, Black people tend to be more readily sentenced or to receive harsher sentences owing to biased perceptions from judges and police enforcement.[37] This, in turn, impedes young Black people from enjoying their earlier life-years in the ways that various arguments for life-maximizing assume. On top of this, even today, owing to the economic situation of their families or because they live in places where there is weaker law enforcement, many Black people are forced to engage in child labor practices, and are not in the same situation as young White people, who usually have the chance to pursue their goals, with the supervision of their parents given their young age.[38] The theory, therefore, approaches triaging from a white normative perspective, which assumes white socialization and upbringing. Put differently, the theory neglects the social reality of Black people and how in fact a criterion based on age overlooks how many Black people are unable to enjoy the same opportunities at a young age as White people do.

Why is this problematic for racial justice? It is problematic for at least two types of reason. First, if used as a criterion of triage, it effectively disadvantages Black people not only by not giving them equal opportunities to experience the range of benefits possible at every life stage, but also by curtailing it to the extent that it erodes opportunities that can be taken at a later age; that is, it significantly disadvantages Black people throughout their life stages. Second, a significant way to perpetuate racism in today's societies is through silence and making the disadvantages invisible.[39] Hence, the criterion of triage that omits the experiences of a specific racialized group is, even if unintentionally, causing these experiences to be invisible and, thereby, contributing to the perpetuation of racist inequalities.

Life-maximizing approaches also neglect that different cultures attribute different values to different ages. In the African context, it is routinely the case that the elderly are understood to enjoy a special status in the community. This is the case for a variety of reasons. One is that a life is only considered complete if one achieves personhood, and this is only possible in adulthood. In some formulations of African relationalism, one is not understood to be a full person before one actually achieves adulthood, because personhood is a process that is not biologically inherited. Thus, one can be a human but not a person. Specifically, personhood is an ideal that individuals gradually acquire, through acting in certain ways. One can fail to realize one's personhood, may be competent in achieving it, or even ineffective.[40] However, failing to complete this process is quite harmless, specifically because with the advancement of age one is better able to understand the meaning of life, and so develop goals. The loss of an elder's life, therefore, entails the death of someone who values age more. To make an analogy, the death of an insect may not be as harmful as the death of a human for a variety of reasons, one of which is the fact that an insect does not have a complex mind that understands in a complex way what death means, and it also does not have projects. Likewise, many Africans firmly believe that the death of an elder is worse because it is the death of someone who has more complex levels of understanding and has cordinated/completed a number of projects about life.[41]

4 | POTENTIAL OBJECTIONS FROM LIFE-CYCLE APPROACH ADVOCATES

One possible objection against our view is that we have mischaracterized racism. Racism cannot be measured by the implications of a theory; rather, the way to evaluate whether a theory is racist or

[35]Ibid.
[36]Wareham, C. S. (2015). Youngest first? Why it is wrong to discriminate against the elderly in healthcare. *South African Journal of Bioethics and Law*, *8*, 37+.
[37]Davis, A. (2003). *Are prisons obsolete?* New York: Seven Stories Press.
[38]Food Empowerment Project, op. cit. note 33.
[39]Bonilla-Silva, op. cit. note 7.
[40]Menkiti, I. (1984). Person and community in African traditional thought. In R. Wright (Ed.), *African philosophy: An introduction* (pp. 173). University Press of America.
[41]Ibid.

not is by looking to see whether it contains racist views. According to this view, a theory is racist only if its principles enunciate a racist perspective. For example, a racist approach would be one that explicitly holds a principle whereby White individuals must be privileged over individuals from other perceived ethnicities. Hence, as the life-maximizing view does not do this and instead accidentally advantages Whites over Blacks and other racialized groups, the theory itself cannot be considered racist.[42]

Another reason why we may have mischaracterized racism is that the issues we have identified about the consequentialist life-maximizing perspective are more about class than about race. Much of what we have stated also applies to poor White individuals who are imprisoned at a young age, lack educational and other opportunities, are exposed to environmental hazards, and have less access to essential goods such as food and healthcare. Because many of the kinds of inequalities we have identified are not specific to racialized groups but are more generally experienced by those who suffer from poverty, it cannot be contended that life-maximizing approaches are racist. Instead, we could potentially argue that the approach is classist, but given the overlap with other ethnic groups, the argument fails. For what is at the core of racism is differentiated treatment according to perceived ethnicity, and this does not occur in the kinds of inequalities that we have pointed out.[43]

A second possible objection is that even if the theory privileges some cultures (associated with ethnicities) over others, there is nothing morally wrong with this. Culture does not in itself have moral value. There is no moral argument in stating that one ought to do something just because one has been doing it for a long time. Cultures can, in fact, be extremely harmful, and if they are, they ought to be rejected.[44] For example, human sacrifice was once part of some cultures, but no one believes that this ought to be maintained because it is a tradition. What our argument needs to show, beyond the fact that African cultures value elders, is that valuing elders has some independent moral justification that does not rely on simply asserting that African culture "is that way." Put differently, if our argument fails to offer sound moral reasons to support the valuing of elders, then the discrimination implied by life-maximizing theory is morally justified.

A defender of life-maximizing approaches may also claim that our view entails the levelling-down approach. According to the levelling-down approach, it is unreasonable to make the better-off less so in order to improve the situation of the worse-off, as this does not in any way imply improvement. For example, it would be unreasonable to make everyone blind just to achieve equality between the blind and the not-blind. Such an implication is so counter-intuitive that it ought to be rejected.[45] With respect to our argument, it could also be contended that our criticisms of the racial injustices within life-maximizing approaches make the better-off worse off for the sake of equality between perceived racial groups. In particular, if one is not benefiting the young and the healthy, one is actually making everyone worse off. Young adults can make a long-term contribution to the sustenance and rebuilding of vital societal functions than the old who are at the end of a complete life. This provides a way of preferring them over children, in whom the investment has not been great, or the old, whose capacity to make a long-term contribution to the societal good cannot be guaranteed. Thus, the criticism of life-maximizing approaches owing to racism is insufficient to reject these approaches because abandoning them would just make everyone worse off.

In reply to the objection that we have mischaracterized racism, note that the idea that racism needs to be explicitly stated or contained in the principles leads to the absurd conclusion that contemporary societies are not racist. Owing to the fact that racism is generally not socially acceptable, today's legal systems, philosophies and so forth contain neutral language that does not include references to race. Nevertheless, there are structural racial inequalities (embedded in long-standing social policies) that persist in society, and some norms, albeit not racist in themselves, have racist implications when applied to the non-ideal world. This objection against our theory would imply that there is no such thing as structural racism in places where it obviously exists, like the United States.

But the critic may immediately raise the objection that this is not as obvious as we state; it is precisely this obviousness of racism that is contested by many who say that there is no racism at all. Hence, we cannot refute the criticism by pointing to an obvious point that the critic fails to see. In reply, note first that the very fact that many White individuals do not see it reinforces the point that racism is systemic. As Bonilla-Silva points out, the reason why racism is systemic is because it includes everyone in a system of domination, and in the case of White individuals, what it primarily does is to offer an ideological framework whereby White privilege does not appear as privilege but as merit. Racism gives this idea of merit as a psychological reward to White individuals. Hence, it is a key aspect of systemic racism that Whites do not immediately see existing racial hierarchies as racist. The fact that Whites do not see this indicates precisely that racism is systemic, as it includes everyone in its structure.[46] In addition, the contestation of the obviousness of racism is not an argument against its existence. Racism is about a specific kind of *structural domination*; specifically, it refers to a racial structure of society that perpetuates and maintains racial hierarchies. It is not about a few bad apples who joined a racist club.[47] Hence, what

[42]Fischer, B. (2018). Is abolitionism guilty of racism? A reply to Cordeiro-Rodrigues. *Journal of Agricultural and Environmental Ethics*, *31*(3), 295–306. https://doi.org/10.1007/s10806-018-9725-8

[43]Kleven, T. (2009). Systemic classism, systemic racism: Are social and racial justice achievable in the United States? *Connecticut Public Interest Law Journal*, *8*, 37–84.

[44]Casal, P. (2020). Whaling, bullfighting, and the conditional value of tradition. *Res Publica*, *27*(1), 1–24. https://doi.org/10.1007/s11158-020-09486-w

[45]Parfit, D. (1997). Equality and priority. *Ratio*, *10*(3), 202–221. https://doi.org/10.1111/1467-9329.00041

[46]Bonilla-Silva, E. (2021). What makes systemic racism systemic? *Sociological Inquiry*, *91*(3), 513–33. https://doi.org/10.1111/soin.12420

[47]Ibid. Bonilla-Silva, E. (1997). Rethinking racism: Toward a structural interpretation. *American Sociological Review*, *62*(3), 465–480. https://doi.org/10.2307/2657316; Bonilla-Silva, E. (2020). Color-blind racism in pandemic times. *Sociology of Race and Ethnicity*, *1*(1), 73–87. https://doi.org/10.1177/2332649220941024

makes a society racist is whether this structure can be identified, and it generally is. As argued by Zinzi Bailey, Justin Feldman and Mary Bassett,[48] structural racism exists and has become a recurrent feature of US society. It is "produced and reproduced by laws, rules, and practices, sanctioned and even implemented by various levels of government."[49] They are unwitting behaviors and actions that mostly benefit White people and socially disadvantage, or negatively impact the life chances of, minorities and people of color. Examples of disadvantages include the higher poverty rates amongst Black people and the higher death rates amongst people of color. In the United States, Blacks (more than Whites) tend to be subjected to unfair loan terms, experience police harassments/brutalities or harsher sentences,[50] and receive poorer or substandard healthcare.[51] Structural racism impacts policing, the legal system and healthcare, and is not manifested in just "a few rare instances." To illustrate the impact of structural racism, some scholars use the analogy of an iceberg.[52] Its tip represents the visible acts of racism, while the part below the surface of the water typifies the part of racism that is harder to eliminate.

Given this, the key problem is that there are colonial and other racist legacies that make some approaches to social justice promote even more racism. For example, an approach that defends the idea that all individuals should be treated equally in accessing university and that there should be no discrimination according to race may further racist hierarchies if it does nothing to eliminate the historical disadvantages that Black people have suffered in terms of curtailing their equal access. Equal opportunities laid out this way do not address the problem of racial inequalities seriously, and, in fact, publicly justify differences by appealing to neutrality and equality. Evaluating a theory simply by its principles only and not by its implications in the real world is, therefore, a poor way to judge its justice and credibility. Indeed, as Charles Mills has suggested, using ethics in a rather abstract way without looking at the real world not only is an odd way to address real-life problems, but also tends to favor empowered groups over disempowered ones.[53] Hence, a theory may not be racist in itself, but it may have racist implications. This coheres with our theory, which suggests that there is racism without racists to the extent that a theory promotes racial hierarchies.

The argument that the aforementioned issues are about class rather than about race misunderstands the dynamics of oppression. Oppressions are connected and fuel each other; hence, it is often the case that the impact of one policy reverberates not just with one socially excluded group, but also with other oppressed groups.[54] For example, W. E. B. Du Bois famously pointed out that racism towards Black people blinded the White working class to their own precarious condition because they were focused on competing with and having an advantage over Black people rather than on challenging the capitalist system.[55] Moreover, note that as racism includes the economic dimension of undermining individuals' welfare, there will surely be a relationship with class status. The question to be asked to detect racism, therefore, is not whether other groups are also negatively impacted or favored as the objection contends; instead, the main point for understanding racism is whether a certain racialized group is *systematically disadvantaged* by a policy because of a *racial hierarchy* that this policy generates or perpetuates.

Our criticism about the neglect of African culture is not based on the belief that cultures are valuable qua cultures. Instead, we uphold that in the specific case we have provided, culture has an instrumental value. In particular, the dominant ethical perspective in various places in the Global South is that elders play a special role in society, especially for moral learning, which provides the structure for institutions. Moral learning in African societies tends to be carried out through examples and teaching by elders.[56] Moral learning in African cultures is predominantly transmitted through an oral tradition. The loss of an elder is therefore a loss of a source of moral learning. This is because older people have wisdom, something that is acquired with age. That is, in the sense that life is often described by sub-Saharan scholars as the social fabric of interpersonal relations, the older an individual gets, the more intricately connected he or she becomes to the lives of others.[57] The way that a specific society learns its morals is not an easy thing to change, and trying to do so may erode the institutions of that society. Cultures cannot simply be changed without a cost, and changing the ways that morals are passed on in a society would necessarily come with a high cost for institutions and, indeed, may not even be possible.[58] For institutions to function properly, they need at least some degree of moral behavior; otherwise, moral hazards are generated. The life-maximizing viewpoint neglects the different ways in which cultures can flourish, and its acutal endorsement would *contribute to eroding institutions* in the African context, as it eliminates the main sources of moral learning in African societies. Summarily, what this means for life-maximizing approaches is that they prioritize a certain culture (associated with

[48]Bailey, Z. D., Feldman, J. M., & Bassett, J. M. (2020). How structural racism works — Racist policies as a root cause of U.S. racial health inequities. *New England Journal of Medicine*, *384*(8), 768–773. https://doi.org/10.1056/NEJMms2025396

[49]Ibid: 768.

[50]Kutateladze, B. L., Andiloro, N. R., Johnson, B. D., & Spohn, C. C. (2014). Cumulative disadvantage: Examining racial and ethnic disparity in prosecution and sentencing. *Criminology*, *52*(3), 514–551; Knox, D., Lowe, W., & Mummolo, J. (2020). Administrative records mask racially biased policing. *American Political Science Review*, *114*(3), 619–637.

[51]Artiga, S., Orgera, K., & Pham, O. (2020). *Disparities in health and health care: Five key questions and answers* (Issue Brief). Kaiser Family Foundation.

[52]Gee, G. C., Ro, A. Shariff-Marco, S., & Chae, D. (2009). Racial discrimination and health among Asian Americans: Evidence, assessment, and directions for future research. *Epidemiologic Reviews*, *31*, 130–151. https://doi.org/10.1093/epirev/mxp009

[53]Mills, C. W. (2005). Ideal theory as ideology. *Hypatia*, *20*(3), 165–183. https://doi.org/10.1111/j.1527-2001.2005.tb00493.x

[54]Crenshaw, K. (1991). Mapping the margins: Intersectionality, identity politics, and violence against women of color. *Stanford Law Review*, *43*(6), 1241–1299. https://doi.org/10.2307/1229039; Kymlicka, W. (2018). Connecting domination contracts. *Ethnic and Racial Studies*, *41*(3), 532–540. https://doi.org/10.1080/01419870.2018.1389968

[55]Du Bois, W. E. B. (1963). *The souls of Black folk: Essays and sketches*. Chicago, A. C. McClurg & Co.

[56]Nobles, W. (2009). Elders. In M. K. Asante & A. Mazama (Eds.), *Encyclopedia of African religion*. California, Sage Publications.

[57]Kilner, J. F. (1984). Who shall be saved? An African answer. *Hastings Center Report*, *14*(3), 18–22, p. 19. https://doi.org/10.2307/3561183

[58]Cohen, G. A. (2011). Rescuing conservatism: A defense of existing value 1. In R. Wallace, R. Kumar & S. Freeman (Eds.), *Reasons and recognition: Essays on the philosophy of T.M. Scanlon*. Oxford, U.K.: Oxford University Press; Kymlicka, W. (2000). *Multicultural citizenship: A liberal theory of minority rights*. Oxford, U.K.: Oxford University Press.

White identity) over other cultures (particularly, the ones associated with African identities). The privileging of a White individual's lifestyle over the lifestyles of other racialized groups is a form of disguised racial hierarchy that subtly imposes white normativity on the criteria for triage.

Finally, our analysis that life-maximizing approaches imply racism does not involve an endorsement of levelling down for the sake of equality. Note first that we have not as yet made a positive proposal for an alternative view, which does not promote racial equality at the expense of levelling down the better-off. We sketch one in the next section. Our goal was to identify racial bias in the consequentialist life-maximizing approaches, a kind of criticism that has not yet been made at length against this view. Even if our argument is insufficient to totally reject life-maximizing approaches, what our argument shows is that, at minimum, such approaches are incomplete and require further moral considerations so as not to promote racism. Nevertheless, taking into consideration that these approaches tend to benefit White individuals, erode non-White cultures, and promote white normativity, it is doubtful that life-maximizing approaches entail a maximization of benefits and they may, in fact, do more harm than good.

Global wealth inequality research, for example, continues to show an outstandingly disproportionate sharing of the Earth's resources. Specifically, the world's richest 1% *tend to be White* and own 44% of the world's wealth, while individuals with less than 10,000 USD constitute about 57% of the world's population, owning only 2% of the world's wealth. Yet the world possesses enough wealth to provide a decent living for everyone, if only the minority could give up some of their comforts.[59] It is, therefore, doubtful that an approach that, as pointed out, tends to benefit White people is actually maximizing benefits in general. Furthermore, the idea that elders are key for the good functioning of institutions, and are indeed the moral compass of societies, is widely shared in the Global South.[60] Thus, if a greater part of the world's population has a different way of moral learning and a distinct intuition about how societies achieve moral progress, a life-maximizing approach may, in practice, significantly and negatively impact upon the moral progress of the Global South (where a high number of individuals live), thereby challenging the idea that life-cycle approaches are the best way of maximizing benefits.

5 | TOWARD AN ALTERNATIVE LIFE-MAXIMIZING VIEWPOINT: A SKETCH OF A RELATIONAL APPROACH TO RATIONING

In this section, we briefly outline an alternative to life-maximizing approaches. This alternative has been substantially developed in a different study.[61] Thus, it is outside the purview of this article to give a complete account of the relational approach to rationing. This article provides a sketch and demonstrates the ways this approach does not face the racial complications of the above theories. Note that *we will not offer* a complete account of the alternative, and potentially other normative concerns may be raised. In this short sketch, we wish only to show that it does not face the racism without racists charges.

The alternative this study proposes is a relational approach to rationing that is enriched by the dominant values, specifically communal relationships, prevalent in the Global South, and popularly defended by Afro-communitarian Africans as intuitive amongst Africans.[62] The relational approach suggests that morality is *primarily determined* by the capacity to promote social harmony. This capacity is developed through practicing it; it is by practicing social harmony that one enhances one's capacity for social harmony. Social harmony itself should not be fostered at any cost. Hence, rationing decisions ought to be influenced by considering an individual's capacity to foster harmony, where harmony is understood as a combination of good-will and identity. The more one can relate harmoniously or foster the same, the more moral status one has, such that those with a higher degree of moral status or who are instrumental in promoting social harmony deserve to be given priority in rationing decisions.[63]

This view does not discard other factors such as age, the number of people that can be saved, or prospective health. Though these (age, number, health) are morally relevant factors, they are secondary in comparison to the capacity to foster social harmony. Individuals who are instrumental to social harmony or who have a history of relating communally will be entitled to more than others. Africans tend to believe in human ontological progression, such that the older someone becomes, the more likely they would be to have related communally. For this reason, individuals with a higher capacity tend to be older. Yet those who are instrumentally valuable for fostering harmony are not always necessarily older. Within the context of a pandemic, those who have instrumental value for promoting social harmony would include medical professionals and other essential workers, whose capabilities are required for society's continuation.[64]

This view does not face the racism without racists complications of the theories above. As we saw, those prioritized by consequentialist life-maximizing viewpoints are often associated with racial groups. But the relational approach we are here suggesting does not imply any racial hierarchy: there is no association between the promotion of social harmony and a specific ethnicity. The relational approach to rationing is neutral regarding ethnicity, as it does not use a criterion that means that individuals from a specific ethnic group are more likely to be saved. That is, it is not the case that White individuals are better contributors to social harmony than Black individuals, and, therefore, the criterion does

[59]Shorrocks, A., Davies, J., & Lluberas, R. (2020). *Global wealth report 2020*. Zurich, Credit Suisse Research Institute.

[60]Bell, Daniel A., & Pei, W. (2020). *Just Hierarchy: Why Social Hierarchies Matter in China and the Rest of the World*. New Jersey, Princeton University Press.

[61]Cordeiro-Rodrigues, L., & Ewuoso, C. (2021) A Relational Approach to Rationing in a Time of Pandemic. Journal of Value Inquiry, 23, 1-21. https://doi.org/10.1007/s10790-020-09782-x

[62]Gade, C. (2012). What is Ubuntu? Different interpretations among South Africans of African descent. *South African Journal of Philosophy*, *31*(3), 484–503.

[63]Cordeiro-Rodrigues, & Ewuoso, op. cit. note 61.

[64]Cordeiro-Rodrigues, & Ewuoso, op. cit. note 61.

not face a racism without racists complication. Everyone is equally treated to the extent that they can promote social harmony. In this way, the relational approach does not reinforce racial hierarchies that are fed by socio-economic differences. Rationing decisions based on prioritization of the healthy and young are more likely to reinforce existing socio-economic differences and, thereby, racial hierarchies based on these. Moreover, as age is not necessarily a factor that entails that one is more likely to contribute to social harmony, it is also the case that it does not curtail opportunities for specific groups that have suffered historical oppression and in which individuals did not have the chance to grasp opportunities at a young age. On top of this, it does not curtail opportunities to flourish in different ways at different life stages. That is, because the criterion is not primarily about age, it does not curtail specific ways of life that attribute different values to different ages. In particular, it does not erode communal norms that place elders at the center of the community's life (as the African way does).

To sum up, in this section we offered a direction to a new rationing theory, one based on relational properties, which prioritizes a moral aspect of individuals: their capacity to promote good-will and identification (understood together as social harmony). Although we do not have the space to address all the potential objections against this perspective, we wish simply to show why it does not face the racism without racists problem and that, at least in this aspect, it is better than consequentialist life-maximizing approaches.

6 | CONCLUSION

In this article, we have raised a new criticism to life-maximizing approaches; namely, we contended that these entail racism without racists in the following ways: by tending to privilege White over Black individuals in the triaging process owing to pre-existing inequalities; by curtailing the possibility of Black people enjoying a fair share of life and equal opportunities, thereby establishing normative whiteness; and by potentially eroding African institutions. We then offered an alternative approach for rationing based on an Afro-communitarian relational account. We contended that this theory does not face the problem of racism without racists, since it does not use (directly or indirectly) a particular racial hierarchy or ethnicity as the condition for promoting social harmony, and thus for receiving priority in rationing decisions.

Our primary focus has been mostly on how there is a racism without racists dynamics with respect to Black people and the privileging of Whites. Nonetheless, as we have pointed out, many other groups suffer from similar forms of discrimination. Thus, further research ought to explore how life-maximizing approaches could potentially entail some forms of racism towards other racialized people, such as Latinos, Roma people, and Asians.

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CONFLICT OF INTEREST

The authors declare no conflict of interest.

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